

OCT 27 2006

PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031  
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FORM

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Total Number of Pages in This Submission

Application Number	10/634,664
Filing Date	08/05/03
First Named Inventor	Steven J. Rychnovsky, et al.
Art Unit	3735
Examiner Name	Ahmed M. Farsh
Attorney Docket Number	0120102

2

## ENCLOSURES (Check all that apply)

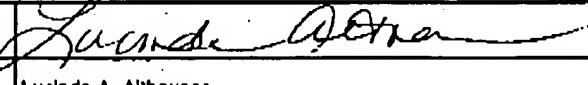
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Bryan Cave LLP		
Signature			
Printed name	Lucinda A. Althauser		
Date	10/27/2006	Reg. No.	59,101

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Typed or printed name	Lucinda A. Althauser	Date	10/27/2006

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OCT 27 2006

PTO/SB/83 (01-06)

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REQUEST FOR WITHDRAWAL  
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Application Number	10/634,664
Filing Date	08/05/03
First Named Inventor	Steven J. Rychnovsky, et al.
Art Unit	3735
Examiner Name	Ahmed M. Farah
Attorney Docket Number	0120202

To: Commissioner for Patents  
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Please withdraw me as attorney or agent for the above identified patent application, and

all the attorneys/agents of record.  
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
 the attorneys/agents associated with Customer Number 49328

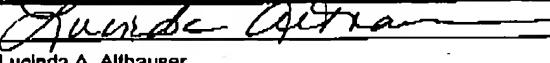
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Assignee has failed to pay one or more bills rendered by the petitioner for an unreasonable period of time. We have not been reimbursed for an unreasonable period of time for numerous services rendered to the client in other matters in which the undersigned and/or his firm has represented him. Upon information and belief, we will not be reimbursed for these services.

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1.  The correspondence address is NOT affected by this withdrawal.  
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OR

<input type="checkbox"/> Firm or Individual Name	Miravant Medical Technologies, c/o Steven J. Rychnovsky			
Address	7408 Hollister Avenue			
City	Santa Barbara	State	California	Zip 93117
Country	USA			
Telephone	<span style="border: 1px solid black; padding: 2px;"> </span> Email <span style="border: 1px solid black; padding: 2px;"> </span>			
Signature				
Name	Lucinda A. Althauser	Registration No.	59,101	
Date	10/27/2006	Telephone No.	314-259-2461	

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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